

STATE OF NEW HAMPSHIRE 2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s):	Paul A. Worsowicz; Heidi L. Kro	ll; Lisa K. Shapiro, Ph.D.; Donald J. Pfundstein
II. Name of Lobbyist's partne	rship, firm or corporation, if any:	
603-228-1181	GALLAGHER, CALLAHAN 6 214 North Main Street, Con 603-226-3334	
(Telephone)	(Fax)	(Email)
III. This statement covers: (C	Thoose one – file separate reports for as which are not attributable to any	each client, OR you may file a separate report for one client.)
X All reportable transaction	ns occurring in the month prior to the	reporting date relative to the following client.
		RS c/o MULTISTATE ASSOCIATES INC.
(Full	Name of Client as it appears on the Lo	bbyist Registration Form)
All reportable transaction unrelated to any particul		ist's family), or the lobbying firm listed below which a
IV. Date of Report: Ap	ril 24, 2019 🗵	July 31, 2019
Reports cover: activity fro	m date of registration to 3/31/19	activity from 4/1/19 to 6/30/19
Oc	tober 30, 2019	January 29, 2020 □
	From 7/1/19 to 9/30/19	activity from 10/1/19 to 12/31/19
V. There have been no fees really this box is checked, complete Concord, NH 03301. VI. Check if additional report		s made since the last report. etary of State's Office, State House, Room 204,
	s or made expenditures, you must file	Addendum A – Fees and Expenses
If you have paid an hono Expense Reimbursemen	t	nust file Addendum B – Report of Honorariums or
If you, your firm, or you	r family has made political contribution	ns, you must file Addendum C - Political Contribution
Sworn Statement/Affirmation I have read RSA 15, RSA 15-B to the best of my knowledge and	and RSA 664 and hereby swear or affi	rm that the foregoing information is true and complete
(Signature of Lobbyist)	noung_	<u>4-18-19</u> (Date)
Paul A. Worsowicz		THE TOTAL OF THE PARTY OF THE P
(Print Name of lobbyist)		RECEIVED
		RECEIVED APR 2 4 2019
		NEW HAMPSHIRE DEPARTMENT OF STATE

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STATE OF NEW HAMPSHIRE Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s)	Paul A. Worsowicz; Heidi L. Kroll; Lisa K. Sl	napiro, Ph	.D.; Donald	J. Pfundstein
II. Name of lobbyist's	partnership, firm or corporation, if any:			
	GALLAGHER, CALLAHAN & GARTRI			
	(Name of partnership, firm or corporat	ion)		
III. Name of Client	ASSOCIATION OF EQUIPMENT MANUFACTURERS c/o MULTISTATE ASSOCIATES INC.	Date 	April 24, 2	2019
lobbying, including fees	nt of all fees received from the client identified above for services such as public advocacy, government relatoring legislation, and related legal work. The gross	ations, or	public relatio	ons services,
a) Total of all fees recei	ved in this reporting period		a) \$	11,500.00
•	ved this calendar year, prior to this reporting period. ne total prior monthly reports for this calendar year.)		b) \$ 	
c) Total of all fees recei (Add lines a and b)	ved to date.		c) \$ 	11,500.00
d) Indicate the amount of yet been paid.	of any such fees that are due, but have not		d) \$	10,848.75
fees. Separate reports a lobbyist(s)/firm that are are to be reported in or reporting period for sal expenses where the expethe cost was \$25.00 or l purchase of a ceremonia statement of each individual covered by (a) (for exangiven to the subject of legislative reception).	artnerships, firms, or corporations are required to are to be filed for expenditures made relative to each of unrelated to any one client a separate report may be see of three categories of expenses: (a) the aggregaries, benefits, support staff, and office expenses; enditure was of \$25.00 or less (for example: meals pless, purchase of a pen with a value of less than \$10 object given to a person being lobbied with a value dual expenditure made during this reporting period on the purchase of a meal with value of greater than \$10 lobbying with a value greater than \$25, but not greater t	elient and i filed for a ate total o (b) the agourchased that is give e of \$25.00 f greater the 25, purchaseater than	f expenditure the lobbyist() f all expense gregate total during a buse on to the perion or less); a nan \$25.00 fo ise of a cerent \$50, restaura	es are made by the sylfirm. Expense es paid during the lof all individuationess lunch where son being lobbies and (c) an itemize or any purpose no nonial object to be ant expenses for
support staff, and office	nses for this reporting period for salaries, benefits, expenses, related directly or indirectly to lobbying.	a) \$ b) \$		11,300.00
in a), of \$25 or less.	spenditures during this reporting period, not reported		、 	00_
c) Total of all itemized	expenditures reported in detail in section VI.	c) \$	•	200.00

Lobbyist Fees & Expenses, Addendum A – Page 2 Client: ASSOCIATION OF EQUIPMENT MANUFACTURERS c/o MULTISTATE	ASSOCIATES :	INC.
d) Total expenses for this reporting period.		
(Add lines a, b and c.)	d) \$	11,500.00
	, · <u> </u>	
e) Total of expenses paid this calendar year, prior to this reporting period.		
(This should be the amount on line f of addendum A for last month's report.)	e) \$ _	
f) Total of all expenses year to date.	f) \$	11,500.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from lobbying period, including by whom paid or to whom charged.	fees during this	reporting
Paid to:	Am	ount
State of NH	\$	200.00
	\$	· · ·
	\$	
	\$	
	§	
	»	
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the	he foregoing ir	nformation
is true and complete to the best of my knowledge and belief.		
Jal Warsony 4	1 5-16	a
I all y y orsany	777	
(Signature of lobbyist)	(Date)	
Paul A. Worsowicz		
(Print Name of Lobbyist)		

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

(Print Name of lobbyist)

Statement of Incom	ne and Expenses for:		
Name of Lobbying partnership, firm or corporation: GALLAGHER, CALLAHAN & GARTRELL, P.C.			
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Association of Equipment Manufacturers c/o MultiState Associates Inc.			
Date of Report (che	ck one):		
April 24, 2019 🔀	July 31, 2019 🗆	October 30, 2019 🗆	January 29, 2020 □
	, RSA 15-B, RSA 664, the Sans submitted with that State		xpenses described above, and the Addendum forms being
1 Addendum A(s).		
0 Addendum B(s).		
0 Addendum C(s).		
•	firm that the foregoing info of my knowledge and belie		nd each Addendum is true and
Jidi 2 K	<i></i>		4/22/2019
(Signature of Lobb	yist)		(Date)
Heidi L. Kroll			

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn Statement/Affirmation by Lobbyist

Statement of Incon	ie and Expenses for:		
Name of Lobbying p	partnership, firm or corpora	tion: GALLAGHER, CAI	LLAHAN & GARTRELL, P.C.
Name of Client (lear particular client):		the partnership, firm, or con nt Manufacturers c/o Mul	rporation and not related to any itiState Associates Inc.
Date of Report (che	ck one):		
April 24, 2019 🔀	July 31, 2019 □	October 30, 2019	January 29, 2020 🗆
		Statement of Income and Exement (insert the number of	spenses described above, and the Addendum forms being
1 Addendum A(s).		
0 Addendum B(s	s).		
0 Addendum C(s	s).		
•	firm that the foregoing info of my knowledge and belie		nd each Addendum is true and
AXR	∕.c		4-23-19
(Signature of Lobby	vist)		(Date)
Lisa K. Shapiro, Pl			
(Print Name of lob	byist)		

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn Statement/Affirmation by Lobbyist

Statement of Income and Expenses for:			
Name of Lobbying partnership, firm or corporation: GALLAGHER, CALLAHAN & GARTRELL, P.C.			
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client):			
Date of Report (check one):			
April 24, 2019 ✓ July 31, 2019 October 30, 2019 January 29, 2020 January 29, 2020			
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):			
1 Addendum A(s).			
0 Addendum B(s).			
0 Addendum C(s).			
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.			
(Signature of Lobbyist) (Date)			
Donald J. Pfundstein (Print Name of lobbyist)			